

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James J. Fort, *et al.*

U.S. Patent No. 7,364,752

Issued: April 29, 2008

Application Serial No.: 09/709,829

Filed: November 10, 2000

For: SOLID DISPERSION  
PHARMACEUTICAL FORMULATIONS

Examiner: Jeffrey E. Russel

Certificate of Electronic Filing:

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being electronically filed with U.S. Patent and Trademark Office on:

Date of Deposit: *May 22, 2008*  
*Shenell Browne - Law*

REQUEST FOR RECONSIDERATION OF PATENT TERM ADJUSTMENT

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

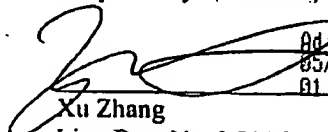
Sir:

Applicants hereby respectfully request the Commissioner to reconsider the patent term adjustment for the above-identified patent. In the Notice of Allowance mailed December 19, 2007, the patent term adjustment is determined to be 0 days. However, in the Issue Notification dated April 9, 2008 and on the patent issued April 29, 2008, the patent term adjustment is determined to be 688 days. Applicants believe that the latter determination (i.e., 688 days) is incorrect and therefore respectfully request the Commissioner to reconsider the calculation of the patent term adjustment and, if necessary, issue a certificate of correction.

Although Applicants believe that no fee is due, the Commissioner is hereby authorized to charge any payment deficiency to deposit account number 01-0025 referring to docket number 6488.US.02. Should the Commissioner have any questions, he is invited to contact Applicants' representative designated below.

Respectfully submitted,

Date: May 22, 2009

  
Xu Zhang  
Lim. Rec. No. L0116

Adjustment date: 12/08/2008 CKHLOK  
05/22/2008 INTEFSW 00009064 010025  
01 EC:1455 200.00 CR

09709829

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**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>11/13/08</u> <del>11/05/08</del>		2 Serial/Patent # <u>09/709,829</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
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X	Petition		05/22/08	\$ <del>400.00</del> <sup>200</sup>								
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		7 TOTAL AMOUNT OF REFUND		\$ <del>400.00</del> <sup>200</sup>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
	Overpayment	X Credit Deposit A/C #:										
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>1</td><td>--</td><td>0</td><td>0</td><td>2</td><td>5</td></tr></table>				0	1	--	0	0	2	5
0	1	--	0	0	2	5						
X	No Fee Due (Explanation):											
No petition fee is required												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Christina Tartera Donnell</u>		TITLE: <u>Petitions Attorney</u>										
SIGNATURE: <u>/christina tartera donnell/</u>		PHONE: <u>571-272-3211</u>										
OFFICE: <u>Office of Petitions - 4700</u>												
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APPROVED: <u>CRHOK</u>		DATE: <u>12/18/08</u>										

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